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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Thomas A. Froeschle et al. Art Unit : 3748
Serial No. : 10/810,538 Examiner : Ching Chang
Filed : March 26, 2004
Title : ELECTROMAGNETIC ACTUATOR AND CONTROL

MAIL STOP AMENDMENT

Hon. Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Applicants request consideration of the references listed on the attached PTO-1449 form. Under 37 C.F.R. § 1.98 (a)(2)(ii), only copies of foreign patent documents and/or non-patent literature are enclosed. Copies of any listed U.S. patents or U.S. patent application publications can be provided upon request.

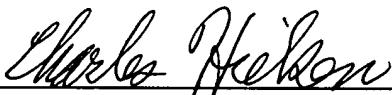
This statement is being filed after a first Office action on the merits, but before receipt of a final Office action or a Notice of Allowance. A check for \$180 in payment of the late submission fee of §1.17(p) is enclosed. Please apply any other charges or credits to Deposit Account No. 06-1050, Order No. 02103-212001.

Respectfully submitted,
FISH & RICHARDSON P.C.

SEP 30 2005

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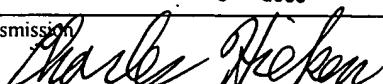
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Attorneys for Application Owner

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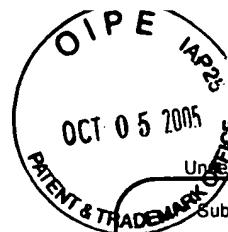
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Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Complete if Known

Application Number	10/810,538
Filing Date	March 26, 2004
First Named Inventor	Thomas A. Froeschle
Art Unit	3748
Examiner Name	Ching Chang
Attorney/Agent Number	02102-012001-Q42

Sheet 1

of 2

Attorney Docket Number 02103-212001 - Q43

U. S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENT

Examiner Signature		Date Considered	
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<p>Substitute for form 1449/PTO</p> <p>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</p> <p><i>(Use as many sheets as necessary)</i></p>		<i>Complete if Known</i>	
		Application Number	10/810,538
		Filing Date	March 26, 2004
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		Examiner Name	Ching Chang
Sheet	2	of	2
		Attorney Docket Number	

NON PATENT LITERATURE DOCUMENTS

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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Applicant's unique claim designation number (optional). - Applicant is to place a check mark here if English language translation is attached.
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